

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/938198** FILING DATE  
APPLICANT(S)

7/16/4

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5	1		1			
6	1		1			
7	1		1			
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		2		2		
23		2		2		
24		1		1		
25		1		1		
26		1		1		
27	1		1			
28		1		1		
29	1		1			
30		1		1		
31		1		1		
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33		1		1		
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46						
47						
48						
49						
50						
TOTAL IND.	6	↓	6	↓		↓
TOTAL DEP.	24	↓	24	↓		↓
TOTAL CLAIMS	30		30			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS